

11-34

PLACE OF BIRTH

1. County of Cochise
District of Donner
Town of _____
or _____
City of Donner

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 4304
County Registrar No. 764
Local Registrar No. _____

No. 857-8 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child María Margarita Soto If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate. Yes 6. Date of birth 8 15 29
Month day year

8. FATHER
Full name John F. F. F.
9. Residence (Usual place of abode) Donner
If nonresident, give place and state

14. MOTHER
Full maiden name Dolores Capodornio
15. Residence (Usual place of abode) Donner
If nonresident, give place and state

10. Color or race Mex 11. Age at last birthday 25 (Years)

16. Color or race Mex 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mex
(State or country)

18. Birthplace (city or place) Mex
(State or country)

13. Occupation Clerk
Nature of industry Int-Com Co

19. Occupation Wife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 4
(b) Born alive but now dead _____
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at 8 p m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature Acces (Physician or midwife)
Address Donner, Ariz

Given name added from a supplemental report _____
Month, day, year. _____
426-815-436
Registrar. Filed 10/15 1929
Filed 11-8 1929 Local Registrar. R. B. Blum
County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.